



APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

ALPINE COUNTY SUPERIOR COURT

Administration - Personnel

P.O. Box 518

Markleeville, CA 96120

(530) 694-2113

DATE: _____

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO PHONE NO. _____ APARTMENT NO. _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

☐ YES ☐ NO

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

NAME OF LAST SUPERVISOR AT THIS COMPANY: _____ PHONE NO: _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED?	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL TRAINING: _____

SPECIAL SKILLS: _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY: _____ WEEKLY FINAL SALARY: _____

JOB TITLE: _____ MAY WE CONTACT YOUR SUPERVISOR?: _____

NAME AND TITLE OF SUPERVISOR: _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY: _____ WEEKLY FINAL SALARY: _____

JOB TITLE: _____ MAY WE CONTACT YOUR SUPERVISOR?: _____

NAME AND TITLE OF SUPERVISOR: _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY: _____ WEEKLY FINAL SALARY: _____

JOB TITLE: _____ MAY WE CONTACT YOUR SUPERVISOR?: _____

NAME AND TITLE OF SUPERVISOR: _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

REFERENCES: LIST AT LEAST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE: _____ DISCHARGE DATE: _____ RANK: _____

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR PESERVES _____ DATE OBLIGATION ENDS _____

SPECIAL QUESTIONS

ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No

WOULD YOU BE ABLE TO PERFORM ALL ASPECTS OF THE JOB WITH OR WITHOUT AN ACCOMMODATION? ☐ YES ☐ NO

WHAT ACCOMADATIONS WOULD BE NEEDED FOR YOU TO PERFORM THE JOB TASKS? _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ ☐ READ ☐ WRITE
_____ ☐ READ ☐ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ☐ YES ☐ NO

DESCRIBE: _____

I understand and agree that I may be required to take one or more physical examination: lie detector test(s) as a condition of hiring or continued of hiring or continued employment. I agree to consent to take such test(s) such time as designated by the Court and to release the Court, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) ☐ Yes ☐ No

AUTHORICATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISPREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ SIGNATURE: _____